

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
CLAIMS											
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54				
5							55				
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44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.						TOTAL IND.					
TOTAL DEP.						TOTAL DEP.					
TOTAL CLAIMS						TOTAL CLAIMS					